

CERTIFICATE AMENDED

SEE NOTATION

1. PLACE OF BIRTH

County

Township

City

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State

or Village

No.

State File No.

Registered No.

2. Full name of child

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed

3. Sex

If plural births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of birth

(Month, day, year)

9. Full name

FATHER

18. Full maiden name

MOTHER

10. Residence (usual place of abode)
(If nonresident, give place and State)19. Residence (usual place of abode)
(If nonresident, give place and State)

11. Color or race

12. Age at last birthday

(Years)

20. Color or race

21. Age at last birthday

(Years)

13. Birthplace (city or place)

(State or country)

22. Birthplace (city or place)

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother
(At time of this birth and including this child)

nine

(a) Born alive and now living

8

(b) Born alive but now dead

1

(c) Stillborn

0

28. If stillborn,
period of gestation{ months
or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive at 12:30 P.M. on the date above stated
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed)

M. D.

or

Midwife

Address

Filed

May 9, 1930

Registrar

Given name added from
a supplemental report

(Date of)

648-416-528

Registrar

By C. Cowley

Item 2 entered per registrant's
signature on App. 6-6-73